# Application Data Sheet APPLICATION INFORMATION

Licensed US Govt. Agency:: Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Application Number:: Filing Date:: 04/01/05 Regular Application Type:: Utility Subject Matter:: Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R?:: None Number of CD Disks: Number of Copies of CDs:: Sequence Submission?:: Computer Readable Form (CRF)?:: Number of Copies of CRF:: COMBINATION PREPARATION OF HYALURONIC Title:: ACID AND AT LEAST ONE LOCAL ANESTHETIC AND THE USE THEREOF Attorney Docket Number:: 234988 Request for Early Publication?:: No Request for Non-Publication?:: No Suggested Drawing Figure:: 2 **Total Drawing Sheets::** No Small Entity?:: Latin Name:: Variety denomination name:: Petition Included?:: Petition Type::

#### **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

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Middle Name::

Family Name:: WOHLRAB

Name Suffix::

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State or Prov. of Residence::

Country of Residence:: Germany

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State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 06118

#### CORRESPONDENCE INFORMATION

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#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

#### DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

## FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

PCT PCT/EP/03/010822 09/30/03 Yes

DE 102 46 340.9 10/04/02 Yes

### **ASSIGNEE INFORMATION**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing

address:: US

Postal or Zip Code of mailing address::